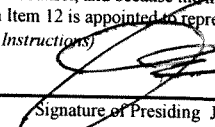


1. CIR./DIST./DIV. CODE		2. PERSON REPRESENTED Michael Graham		VOUCHER NUMBER		
3. MAG. DKT./DEF. NUMBER		4. DIST. DKT./DEF. NUMBER 2:13-CR-626-JLL-01		5. APPEALS DKT./DEF. NUMBER		
6. OTHER DKT. NUMBER		7. IN CASE/MATTER OF (Case Name) USA v. Michael Graham		8. PAYMENT CATEGORY <input checked="" type="checkbox"/> Felony <input type="checkbox"/> Petty Offense <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Other <input type="checkbox"/> Appeal		
9. TYPE PERSON REPRESENTED <input checked="" type="checkbox"/> Adult Defendant <input type="checkbox"/> Appellant <input type="checkbox"/> Juvenile Defendant <input type="checkbox"/> Appellee <input type="checkbox"/> Other		10. REPRESENTATION TYPE (See Instructions) CC				
11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) <i>If more than one offense, list (up to five) major offenses charged, according to severity of offense.</i> 18:922 Felon in possession of a firearm						
12. ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix), AND MAILING ADDRESS Lorraine S. Gauli-Rufo, Esq. 130 Pompton Avenue Verona, NJ 07044 Telephone Number : (917) 701-0779			13. COURT ORDER <input type="checkbox"/> O Appointing Counsel <input type="checkbox"/> C Co-Counsel <input checked="" type="checkbox"/> F Subs For Federal Defender <input type="checkbox"/> R Subs For Retained Attorney <input type="checkbox"/> P Subs For Panel Attorney <input type="checkbox"/> Y Standby Counsel Prior Attorney's Name: Lorraine S. Gauli-Rufo Appointment Dates: 11/20/2013 <input type="checkbox"/> Because the above-named person represented has testified under oath or has otherwise satisfied this Court that he or she (1) is financially unable to employ counsel and (2) does not wish to waive counsel, and because the interests of justice so require, the attorney whose name appears in Item 12 is appointed to represent this person in this case, OR <input type="checkbox"/> Other (See Instructions) <div style="text-align: center;">  12/4/2013 12/2/2013 Date of Order Nunc Pro Tunc Date Repayment or partial repayment ordered from the person represented for this service at time appointment. <input type="checkbox"/> YES <input type="checkbox"/> NO </div>			
14. NAME AND MAILING ADDRESS OF LAW FIRM (Only provide per instructions) Lorraine S. Gauli-Rufo, Esq. 130 Pompton Avenue Verona, NJ 07044						
CLAIM FOR SERVICES AND EXPENSES						
CATEGORIES (Attach itemization of services with dates)			HOURS CLAIMED	TOTAL AMOUNT CLAIMED	FOR COURT USE ONLY	
					MATH/TECH. ADJUSTED HOURS MATH/TECH. ADJUSTED AMOUNT ADDITIONAL REVIEW	
In Court	15. a. Arraignment and/or Plea			0.00	0.00	
	b. Bail and Detention Hearings			0.00	0.00	
	c. Motion Hearings			0.00	0.00	
	d. Trial			0.00	0.00	
	e. Sentencing Hearings			0.00	0.00	
	f. Revocation Hearings			0.00	0.00	
	g. Appeals Court			0.00	0.00	
	h. Other (Specify on additional sheets)			0.00	0.00	
(RATE PER HOUR = \$) TOTALS:			0.00	0.00	0.00	
Out of Court	16. a. Interviews and Conferences			0.00	0.00	
	b. Obtaining and reviewing records			0.00	0.00	
	c. Legal research and brief writing			0.00	0.00	
	d. Travel time			0.00	0.00	
	e. Investigative and other work (Specify on additional sheets)			0.00	0.00	
(RATE PER HOUR = \$) TOTALS:			0.00	0.00	0.00	
17. Travel Expenses (lodging, parking, meals, mileage, etc.)					0.00	
18. Other Expenses (other than expert, transcripts, etc.)						
GRAND TOTALS (CLAIMED AND ADJUSTED):				0.00	0.00	
19. CERTIFICATION OF ATTORNEY/PAYEE FOR THE PERIOD OF SERVICE FROM: _____ TO: _____				20. APPOINTMENT TERMINATION DATE IF OTHER THAN CASE COMPLETION		
21. CASE DISPOSITION						
22. CLAIM STATUS <input type="checkbox"/> Final Payment <input type="checkbox"/> Interim Payment Number <input type="checkbox"/> Supplemental Payment Have you previously applied to the court for compensation and/or reimbursement for this <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, were you paid? <input type="checkbox"/> YES <input type="checkbox"/> NO Other than from the Court, have you, or to your knowledge has anyone else, received payment (compensation or anything of value) from any other source in connection with this representation? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, give details on additional sheets. I swear or affirm the truth or correctness of the above statements. Signature of Attorney _____ Date _____						
APPROVED FOR PAYMENT — COURT USE ONLY						
23. IN COURT COMP.		24. OUT OF COURT COMP.		25. TRAVEL EXPENSES		
26. OTHER EXPENSES		27. TOTAL AMT. APPR./CERT. \$0.00		28a. JUDGE CODE		
28. SIGNATURE OF THE PRESIDING JUDGE		DATE		33. TOTAL AMT. APPROVED \$0.00		
29. IN COURT COMP.		30. OUT OF COURT COMP.		31. TRAVEL EXPENSES		
32. OTHER EXPENSES		34. SIGNATURE OF CHIEF JUDGE, COURT OF APPEALS (OR DELEGATE) <i>Payment approved in excess of the statutory threshold amount.</i>		34a. JUDGE CODE		